

<i>SERFF Tracking Number:</i>	<i>FRNK-125666735</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Ansurs America Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>## \$100</i>
<i>Company Tracking Number:</i>	<i>CLARFGWC-37</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Multistate WC 10-08 R/R Filing</i>		
<i>Project Name/Number:</i>	<i>WC - Voluntary Compensation Coverage Revision-Eff Date 10/1/08/15037</i>		

Filing at a Glance

Companies: Ansurs America Insurance Company, Frankenmuth Mutual Insurance Company		
Product Name: Multistate WC 10-08 R/R Filing SERFF Tr Num: FRNK-125666735 State: Arkansas		
TOI: 16.0 Workers Compensation	SERFF Status: Closed	State Tr Num: ## \$100
Sub-TOI: 16.0004 Standard WC	Co Tr Num: CLARFGWC-37	State Status: Fees verified
Filing Type: Rate/Rule	Co Status:	Reviewer(s): Betty Montesi, Carol Stiffler
	Authors: Alice Jaruzel, Wanda Raymond	Disposition Date: 06/10/2008
	Date Submitted: 06/10/2008	Disposition Status: Approved
Effective Date Requested (New): 10/01/2008		Effective Date (New): 10/01/2008
Effective Date Requested (Renewal): 10/01/2008		Effective Date (Renewal):
State Filing Description:		

General Information

Project Name: WC - Voluntary Compensation Coverage Revision-Eff Date 10/1/08	Status of Filing in Domicile: Not Filed
Project Number: 15037	Domicile Status Comments: Not required to file.
Reference Organization: N/A	Reference Number: N/A
Reference Title: N/A	Advisory Org. Circular: N/A
Filing Status Changed: 06/10/2008	
State Status Changed: 06/10/2008	Deemer Date:
Corresponding Filing Tracking Number: FRNK-125666734	
Filing Description:	
See cover letter.	

Company and Contact

Filing Contact Information

Wanda Raymond, Senior Associate	wanda.raymond@ffgrp.com
---------------------------------	-------------------------

SERFF Tracking Number: FRNK-125666735 State: Arkansas
First Filing Company: Ansur America Insurance Company, ... State Tracking Number: #? \$100
Company Tracking Number: CLARFGWC-37
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Multistate WC 10-08 R/R Filing
Project Name/Number: WC - Voluntary Compensation Coverage Revision-Eff Date 10/1/08/15037

One Mutual Avenue (989) 652-6121 [Phone]
Frankenmuth, MI 48787 (989) 652-5509[FAX]

Filing Company Information

Ansur America Insurance Company CoCode: 10984 State of Domicile: Michigan
One Mutual Avenue Group Code: 1309 Company Type: Property &
Casualty
Frankenmuth, MI 48787 Group Name: Frankenmuth
Financial Grp
(989) 652-6121 ext. [Phone] FEIN Number: 38-3467437

Frankenmuth Mutual Insurance Company CoCode: 13986 State of Domicile: Michigan
One Mutual Avenue Group Code: 1309 Company Type: Property &
Casualty
Frankenmuth, MI 48787 Group Name: Frankenmuth
Financial Grp
(989) 652-6121 ext. [Phone] FEIN Number: 38-0555290

SERFF Tracking Number: FRNK-125666735 State: Arkansas
First Filing Company: Ansur America Insurance Company, ... State Tracking Number: #? \$100
Company Tracking Number: CLARFGWC-37
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Multistate WC 10-08 R/R Filing
Project Name/Number: WC - Voluntary Compensation Coverage Revision-Eff Date 10/1/08/15037

Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Ansur America Insurance Company	\$0.00	06/10/2008	
Frankenmuth Mutual Insurance Company	\$0.00	06/10/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
390262	\$100.00	06/09/2008

SERFF Tracking Number:	FRNK-125666735	State:	Arkansas
First Filing Company:	Ansurance America Insurance Company, ...	State Tracking Number:	#? \$100
Company Tracking Number:	CLARFGWC-37		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Multistate WC 10-08 R/R Filing		
Project Name/Number:	WC - Voluntary Compensation Coverage Revision-Eff Date 10/1/08/15037		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	06/10/2008	06/10/2008

<i>SERFF Tracking Number:</i>	<i>FRNK-125666735</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Ansur America Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>#? \$100</i>
<i>Company Tracking Number:</i>	<i>CLARFGWC-37</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Multistate WC 10-08 R/R Filing</i>		
<i>Project Name/Number:</i>	<i>WC - Voluntary Compensation Coverage Revision-Eff Date 10/1/08/15037</i>		

Disposition

Disposition Date: 06/10/2008
Effective Date (New): 10/01/2008
Effective Date (Renewal):
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: FRNK-125666735 State: Arkansas

First Filing Company: Ansur America Insurance Company, ... State Tracking Number: #? \$100

Company Tracking Number: CLARFGWC-37

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: Multistate WC 10-08 R/R Filing

Project Name/Number: WC - Voluntary Compensation Coverage Revision-Eff Date 10/1/08/15037

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Rate	Revised AL WC Manual Page	Approved	Yes

<i>SERFF Tracking Number:</i>	<i>FRNK-125666735</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Ansurg America Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>#? \$100</i>
<i>Company Tracking Number:</i>	<i>CLARFGWC-37</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Multistate WC 10-08 R/R Filing</i>		
<i>Project Name/Number:</i>	<i>WC - Voluntary Compensation Coverage Revision-Eff Date 10/1/08/15037</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	FRNK-125666735	State:	Arkansas
First Filing Company:	Ansurance America Insurance Company, ...	State Tracking Number:	#? \$100
Company Tracking Number:	CLARFGWC-37		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Multistate WC 10-08 R/R Filing		
Project Name/Number:	WC - Voluntary Compensation Coverage Revision-Eff Date 10/1/08/15037		

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:	
Approved	Revised AL WC Manual Page	Page E-2	Replacement	ARFIWC-27	ARWC-pg-E2 Ansur.pdf ARWC-pg-E2 FMI.pdf

ANSUR AMERICA INSURANCE COMPANY

EXCEPTION PAGES

Foreign Coverage Endorsement - Form 07757

1. This endorsement provides Voluntary Compensation, Endemic Disease and Repatriation Expense Coverages.
2. **Rates**
 - a. Flat Charge
\$50

FRANKENMUTH MUTUAL INSURANCE COMPANY

EXCEPTION PAGES

Foreign Coverage Endorsement – Form 07757

1. This endorsement provides Voluntary Compensation, Endemic Disease and Repatriation Expense Coverages.
2. **Rates**
 - a. Flat Charge
\$50

SERFF Tracking Number: FRNK-125666735 State: Arkansas
First Filing Company: Ansur America Insurance Company, ... State Tracking Number: #? \$100
Company Tracking Number: CLARFGWC-37
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Multistate WC 10-08 R/R Filing
Project Name/Number: WC - Voluntary Compensation Coverage Revision-Eff Date 10/1/08/15037

Supporting Document Schedules

	Review Status:	
Satisfied -Name: Uniform Transmittal Document-Property & Casualty	Approved	06/10/2008

Comments:

Attachment:

industry_rates_PCtransDoc_intelligent.pdf

	Review Status:	
Satisfied -Name: NAIC Loss Cost Filing Document for Workers' Compensation	Approved	06/10/2008

Comments:

N/A - Not a Loss Cost filing

	Review Status:	
Satisfied -Name: NAIC loss cost data entry document	Approved	06/10/2008

Comments:

N/A - Not a Loss Cost filing

	Review Status:	
Satisfied -Name: Cover Letter	Approved	06/10/2008

Comments:

Attachment:

Cover Letter.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name					Group NAIC #
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #	

5. Company Tracking Number	
-----------------------------------	--

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
7. Signature of authorized filer				
8. Please print name of authorized filer				

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)				
10. Sub-Type of Insurance (Sub-TOI)				
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]				
12. Company Program Title (Marketing title)				
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New:		Renewal:	
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
16. Reference Organization (if applicable)				
17. Reference Organization # & Title				
18. Company's Date of Filing				
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

[illegible]

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #				
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
-----------	--	--

2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
-----------	---	--

☐ Rate Increase ☐ Rate Decrease ☐ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
-----------	--	--

4a.	Rate Change by Company (As Proposed)
------------	---

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only
------------	--

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5.	Overall Rate Information (Complete for Multiple Company Filings only)
-----------	--

		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
-----------	---	--

7.	Effective Date of last rate revision	
-----------	---	--

8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
-----------	---	--

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		[] New [] Replacement [] Withdrawn	
02		[] New [] Replacement [] Withdrawn	
03		[] New [] Replacement [] Withdrawn	



June 10, 2008

Subject: Workers' Compensation Rule and Rate Filing
Effective October 1, 2008; Filing Number CLARFGWC-37
Ansur America Insurance Company, NAIC 10984
Frankenmuth Mutual Insurance Company, NAIC 13986

Dear Commissioner:

Frankenmuth Financial Group would like to file the following revision to our Workers' Compensation Program:

Replace our Voluntary Compensation and Employers Liability Coverage (Including Endemic Disease and Repatriation Expenses) with the Foreign Coverage Endorsement. Implement a flat charge of \$50.

Should you have any questions regarding this filing, you can contact me at 800-234-1133, Ext. 2645 or wanda.raymond@ffgrp.com.

Sincerely,

Wanda Raymond

Wanda Raymond
R&D Senior Associate

Enclosures

Project # 15037

wjr